

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-In-Service

RECEIVED

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use **NO.** Dept. of EHNR

I. D. Number

Date Received **JUN 25 1992**

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Winston-Salem
Regional Office

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

Tank Owner Name: **HARVEY GRIGGS, INC.**
(Corporation, Individual, Public Agency, or Other Entity)Street Address: **650 RIVERSIDE DR.**County: **SURRY**City: **MOUNT AIRY** State: **N.C.** Zip Code: **27030**Tele. No. (Area Code): **(919) 786-7660**Facility Name or Company **O. HARVEY GRIGGS, INC.**Facility ID # (if available) **008837 ; 003035**Street Address or State Road: **1015 W. PINE STREET**County: **SURRY** City: **MOUNT AIRY** Zip Code: **27030**Tele. No. (Area Code): **(919) 786-7660**

III. CONTACT PERSON

Name: **HORACE P. BONOURANT** Job Title: **PRESIDENT** Telephone Number: **(919) 786-7660**

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: **COLLINS PETROLEUM AND ELECTRICAL, INC.**Address: **LENISVILLE** State: **N.C.** Zip Code: **27023**Contact: **MICHAEL R. COLLINS** Phone: **(919) 945-9983**

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE	CHANGE-IN-SERVICE	
			Removal	Abandonment In Place	New Contents Stored
1	1000	GASOLINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	6000	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	6000	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	4000	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	4000	DIESEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

COLLINS PETROLEUM - PRESIDENT *Scheduled Removal Date: **BEFORE 6-30-92**Signature: **Michael R. Collins**Date Submitted: **6-17-92**

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.